

MASS. DP1.2: D63 / 2

THE DISABLED PERSONS PROTECTION COMMISSION



99 BEDFORD ST. RM. 200
BOSTON, MA 02111

1-800-426-9009 V/TTY (24 HOUR HOTLINE)

BUSINESS OFFICE: 617-727-6465 V/TTY (WEEKDAYS 8:45 A.M. - 5:00 P.M.)

DISABLED PERSONS PROTECTION COMMISSION

OVERVIEW

GOVERNMENT DOCUMENTS
COLLECTION

The Disabled Persons Protection Commission (DPPC), operating under M.G.L. c. 19C, has as its purpose to "investigate and remediate instances of abuse of disabled persons in the commonwealth." The Commission, similar to the Department of Social Services for children and the Executive Office for Elder Affairs for elders, acts to protect a particularly vulnerable segment of the population: disabled adults between 18 and 59 years of age who are dependent on another to meet a daily living need, effectively "filling the gap" between the child protection and elder protection systems. The Commission is able, by the terms of its statute, to act independently in investigations and the protection of disabled persons. The DPPC is responsible for the protection of disabled persons in state care and in private settings, and for the investigation of abuse in those settings.

DEC 29 1997

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DEFINITIONS

The DPPC statute is contained in chapter 19C of the General Laws. The statute defines a **disabled person** as a person between the ages of 18 and 59, inclusive, who is mentally retarded or otherwise mentally or physically disabled and as a result of the disability is wholly or partially dependent upon others to meet daily living needs.

Abuse is defined as serious physical or emotional injury which results from an act or omission.

A **caretaker** of a disabled person is defined as the person or agency responsible for a disabled person's health or welfare, whether in the same home, a relative's home, a foster home, or any day or residential setting.

REPORTING

Under the law, the Commission receives reports of suspected abuse of disabled adults. Certain individuals who, in their professional capacity have regular contact with disabled persons and therefore are more likely to be aware of abuse, are required to report to the Commission. The professions included in the list of those who are so-called mandated reporters are virtually the same as those who are required to report cases of suspected abuse of children and elderly persons -- medical personnel, police officers, probation officers, dentists, teachers, social worker and psychologists, guidance counselors, and employees of private agencies providing services to disabled persons. Additionally, the statute adds to this list employees of the agencies within the Executive Office of Human Services. If any of these individuals fail to make such a report that person is liable for a fine of up to \$1000. In return for this requirement, however, mandated reporters are immune from any civil or criminal liability as a result of making a report.

All other citizens are encouraged to report to the Commission and are also immune from liability if their report is made in good faith.

The Commission receives reports 24 hours per day through its Hotline at 1-800-426-9009 V/TTY and the business office may be reached during regular business hours at 617-727-6465 V/TTY.

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INVESTIGATION

Upon receiving a report, the Commission may investigate itself, or refer the matter to the appropriate state agency for investigation with DPPC monitoring. First, the Commission determines the nature of the alleged abusive situation, depending upon the disability of the allegedly abused person and the identity of the caretaker of that person. When a state agency is the caretaker of the disabled person, the referral is made to that agency. The Commission then monitors the investigation. When the caretaker is not a state agency, the case, if referred, is sent to the Department of Mental Retardation in the case of alleged victims who are mentally retarded, to the Department of Mental Health when the person is otherwise mentally disabled, or to the Massachusetts Rehabilitation Commission when the disabled person is physically disabled.

The Commission must also determine the urgency of the situation. When the case is an emergency, the Commission first acts to end the danger, regardless of the identity of the victim. Once that has occurred, the case is referred for investigation, unless the alleged victim is a child or person 60 years of age or older, in which event the matter is referred to the appropriate agency. When the victim is a disabled adult, an emergency report is referred to the proper agency as described above and within 24 hours that agency is required to complete an investigation and evaluation and, if necessary, provide protective services to the disabled person. When the case is not an emergency the investigation, evaluation, and provision of protective services must be completed within 10 days. The Commission monitors all investigations and receives investigation and evaluation reports from the agency.

Additionally, the Commission may conduct a formal investigation, which includes a hearing, to ascertain the scope of and remedy for an abusive situation.

When the Commission investigation involves a matter which is also the subject of a law enforcement investigation the Commission may delay or defer its investigation. However, the Commission is *required* in such a situation to monitor the law enforcement investigation.

The statute also provides a criminal penalty for persons who discharge, discipline, threaten, or discriminate against anyone who reports to or provides information regarding abuse of a disabled person to the Commission or agencies in the Executive Office of Human Services.

PROTECTIVE SERVICES

The Commission insures, in cases where disabled persons have been abused, that the victim receives the necessary services to provide protection. These may include but are not limited to legal services, location of alternative housing, counseling, respite services, and social service case management. The competent disabled adult may, of course, decline services.

The Commission may, in cases where the disabled person does not have the capacity to consent to the provision of protective services, request that a court decide for the person whether protective services should be provided. The court may appoint a guardian *ad litem* for the person or issue other protective orders.

The Disabled Persons Protection Commission is located at **99 Bedford Street, Room 200, Boston, Massachusetts 02111**. Please contact the Commission for further information.

"DPPC IS PROUD TO BE CELEBRATING ITS 10TH ANNIVERSARY!"

DISABLED PERSONS PROTECTION COMMISSION
99 BEDFORD ST., ROOM 200
BOSTON, MA 02111

TO REPORT ABUSE: 1-800-426-9009 V/TTY 24 HR. HOTLINE
BUSINESS OFFICE: 617-727-6465 V/TTY (8:45 A.M. - 5:00 P.M.)

MISSION STATEMENT:

"TO PROTECT ADULTS WITH DISABILITIES FROM THE ABUSIVE ACTS AND OMISSIONS OF THEIR CAREGIVERS THROUGH INVESTIGATION, PUBLIC AWARENESS, AND PREVENTION."

STATEMENT OF PURPOSE:

THE MISSION OF THE DISABLED PERSONS PROTECTION COMMISSION (DPPC) IS TO PROTECT ADULTS WITH DISABILITIES FROM THE ABUSIVE ACTS AND OMISSIONS OF THEIR CAREGIVERS, TO PROMOTE PUBLIC AWARENESS, AND TO REDUCE THE INCIDENCE OF ABUSE.

TO ACCOMPLISH THIS, THE DPPC:

- *Operates a 24-hr. hotline to receive reports of alleged abuse*
- *Conducts independent investigations*
- *Monitors the conduct of investigations referred to and conducted by other agencies*
- *Upon the finding of abuse, recommends appropriate protective services*
- *Monitors the provision of protective services*
- *Provides training regarding the existence of abuse of persons with disabilities*
- *Coordinates and facilitates efforts in abuse prevention*



The Commonwealth of Massachusetts

Disabled Persons Protection Commission

99 Bedford Street Room 200

Boston, Massachusetts 02111

WILLIAM F. WELD

GOVERNOR

KATHLEEN M. VESEY

CHAIRPERSON

HAROLD J. ERICKSON, JR.

COMMISSIONER

MICHAEL CAVALLO

COMMISSIONER

JOHN D. DUNN, JR.

EXECUTIVE DIRECTOR

(617) 727-6465 V/TDD

1-800-245-0062 V/TDD

FAX (617) 727-6469

HOTLINE 1-800-426-9009 V/TDD

ABUSE REPORTING HOTLINES

Generally speaking, professionals and caregivers are "mandated reporters," required by law to report when they know or suspect abuse of individuals in the following vulnerable populations.

<u>Population</u>	<u>Telephone Hotline</u>	<u>Agency</u>
Child-At-Risk (up to age 18)	8 0 0 - 7 9 2 - 5 2 0 0	Dept. of Social Services 24 Farnsworth St. Boston MA 02110-1247 617-727-0900
Disabled Adult (age 18-59) Dependent on Caregiver	8 0 0 - 4 2 6 - 9 0 0 9	Disabled Persons Protection Commission (DPPC) 99 Bedford St., Suite 200 Boston MA 02111-2217 617-727-6465
Elder Abuse (age 59 and up)	8 0 0 - 9 2 2 - 2 2 7 5	Exec. Office of Elder Affairs One Ashburton Place Boston MA 02108 617-727-7750
Nursing homes and other long-term care facilities (all ages)	8 0 0 - 4 6 2 - 5 5 4 0	Dept. of Public Health Div. of Health Care Quality 10 West St. Boston MA 02111 617-727-5860

DOMESTIC VIOLENCE RESOURCE HOTLINES

There is no mandated reporting of **Domestic Violence** perpetrated against adults not in the above populations. Persons experiencing domestic abuse are encouraged to call police in an emergency and to seek help from either of these resource hotlines:

800-992-2600 (Massachusetts)

800-799-SAFE (national)

The front of the local phone book, under "Community Service Numbers: Crisis," lists local Domestic Violence and Rape hotlines. Victims may also contact the local probate or district court for help through Chapter 209A, the Domestic Violence Abuse Prevention Act.

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The **MISSION**
of the DPPC is to
PROTECT ADULTS
WITH DISABILITIES
from the abusive acts and omissions of their caregivers
through INVESTIGATIONS,
PUBLIC AWARENESS, and PREVENTION.

The "lion's share" of the work of the Disabled Persons Protection Commission (DPPC) -- investigations and oversight -- takes place AFTER someone has been abused. The agency's top priority is to find out what happened, and (when abuse is found) be sure the victim is safe.

But investigations are not all that we do. The DPPC also works to prevent abuse, ideally BEFORE it happens the first time, or before it can happen again. Knowing about abuse and prevention is essential for everyone: the general public, people with all kinds of disabilities, and everyone who cares for and about people with disabilities.

*** DPPC's Resources to HELP PREVENT ABUSE ***

We offer the following resources & services to support individuals and agencies in their fight against abuse of people with disabilities. See details on reverse.

Informational Materials
Resource Library
Training by DPPC Staff
Speaker's Bureau
Consultations

Please call 617-727-6465 (V/TTY) or fax 617-727-6469
to request additional information about the DPPC, to schedule a training, or
to discuss prevention activities and strategies. Ask for:

Susan Love, Director of Abuse Prevention & Outreach, x. 114.
Jody Williams, Abuse Prevention Project Coordinator, x. 108.

24 hour Abuse Reporting Hotline: 1-800-426-9009 (V & TTY)

"DPPC IS PROUD TO BE CELEBRATING ITS 10TH ANNIVERSARY!"

Informational Materials: *Contact Jody Williams: 617-727-6465, x. 108.*

- **BASIC INFORMATION about the DPPC:** Descriptive brochure; investigations process; statute (Chapter 19C) & regulations; training materials including list of indicators of abuse; etc.
- **Papers on PREVENTION and POLICY:**
 - * "Combating Abuse, Neglect & Exploitation of People with Disabilities" (3 pages)
 - * "How to Prevent Abuse of People with Disabilities: The role of Mass. state government" (10 pp.)
 - * "Working Papers" (brief write-ups discussing types of abuse experienced by people with disabilities; why people are abused, some training issues, who conducts investigations in Mass., prevention initiatives for at-risk populations, etc.)
- **HANDOUTS & PUBLICATIONS:**
 - * "Why are People with Disabilities Vulnerable to Abuse?"
 - * "EmPOWERING People with Disabilities"
 - * "Warning Signs of Abuse. Reporting Abuse & Neglect of Children, Elders and Adults with Disabilities...."
 - * "Hotlines for Reporting Abuse in Massachusetts"
 - * Memos and fact sheets for particular populations, including: Persons with disabilities experiencing Domestic Violence, Prosecutors, Employers, Dentists, New Legislators, etc. Articles on abuse of adults with mental retardation.
- **"EVENTS OF INTEREST"** prevention activities **calendar**.

Resource Library: *Contact Jody Williams: 617-727-6465, x. 108.*

Our growing collection of videos, topical files, books, Internet sites, etc., contains information on various populations, abuse and prevention issues specific to different kinds of disabilities, training curricula, and prevention strategies such as personal safety and sexuality education. Materials (including the Abuse Prevention Project reference notebook & poster board) may be examined in the office, copied if appropriate, and/or borrowed for research or training.

Request our lists of: (A) books, topical files, and specialty training or interview products; (B) videos available for loan; and (C) internet sites.

Training by DPPC Staff: *Contact Susan Love: 617-727-6465, x. 114.*

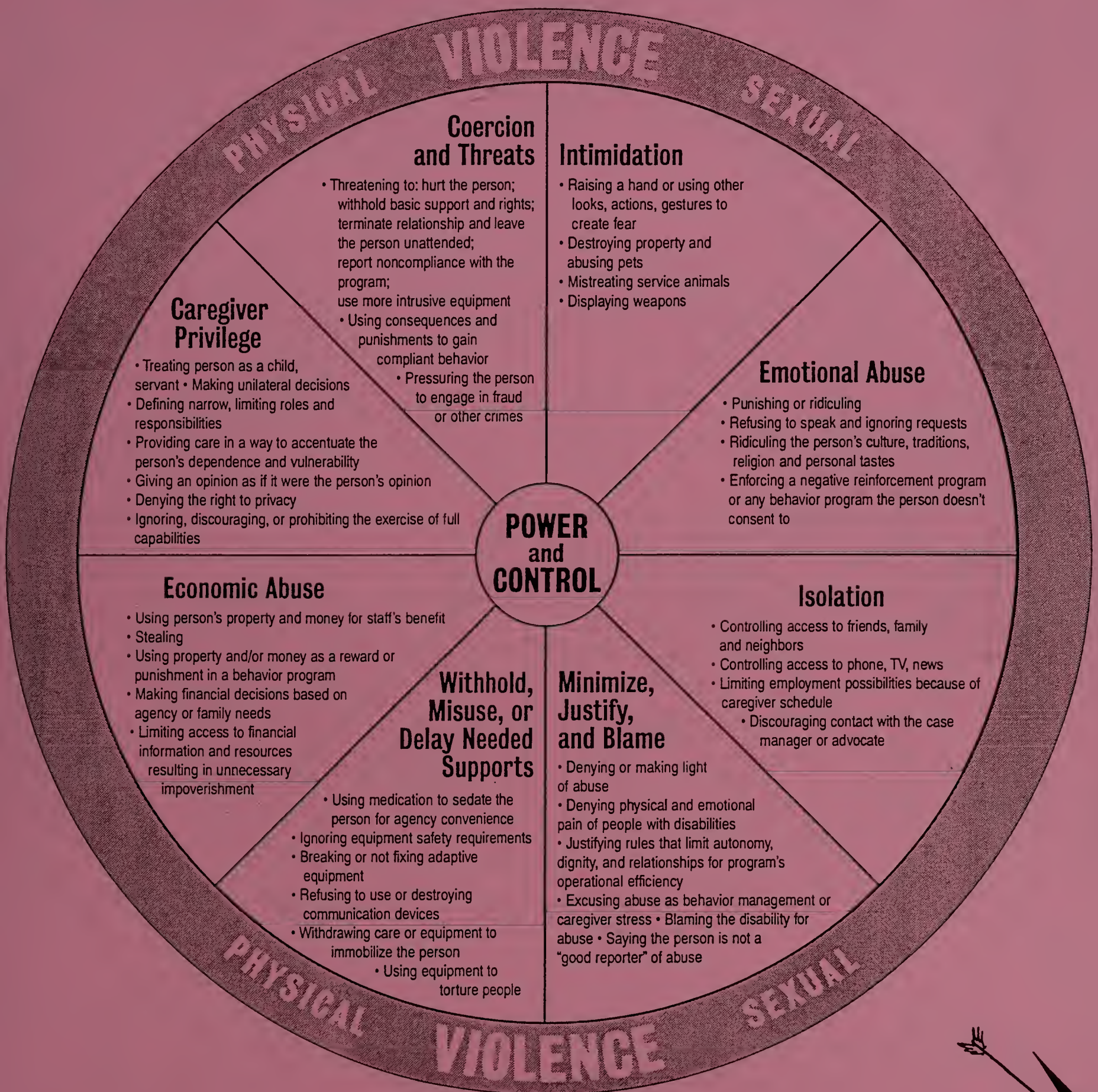
- **"An Overview of Chapter 19C"** Includes: a brief history of DPPC; important definitions; responsibilities of mandated reporters; reporting and screening information; the referral and investigations process; protective services; abuse prevention strategies; statistical/demographic information; and a discussion period.
- **"Identifying Stress & Preventing Abuse: for Professional Caregivers"** Covers: defining stress and caregiving; identifying stress triggers; symptoms of stress; managing your stress; case scenarios illustrating how caregiver stress can lead to abuse, if not managed properly; and a discussion period.
- **"Identifying Stress & Preventing Abuse: for Non-professional Caregivers"** Covers: defining stress and caregiving; identifying stress triggers; symptoms of stress; managing your stress; case scenarios illustrating how caregiver stress can lead to abuse, if not managed properly; and a discussion period.

Speaker's Bureau: Volunteer members of the DPPC's Abuse Prevention Task Force are available to give presentations on the following topics. *Contact Susan Love: 617-727-6465, x. 114.*

- **"Abuse and Neglect of Adults with Physical Disabilities"** The problem of abuse and neglect of adults with disabilities; definitions of abuse/neglect; psycho-social responses to disability; caregiver issues; high risk factors; signs of abuse; prevention strategies; and the role of the service provider.
- **"What Service Providers Can Do to Prevent Abuse of Individuals in Their Care"** What agencies can do to make a commitment to abuse prevention; the elements of a plan on abuse prevention; why abuse occurs; what makes persons with disabilities vulnerable to abuse; and empowering consumers to resist abuse.
- **"Abuse Prevention in the Mental Health Arena"** Covers sexual exploitation by therapists; involuntary commitment and chemical guardianships; treatment harm and alternatives; mental health fraud; and reporting abuse, and public relations for patient advocates.

Consultations: Staff are available to discuss any questions, comments, suggestions, etc. that you may have regarding abuse and abuse prevention; and outreach, training and prevention activities.

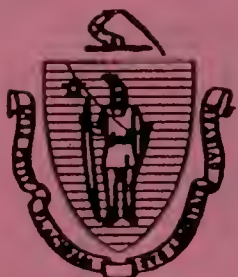
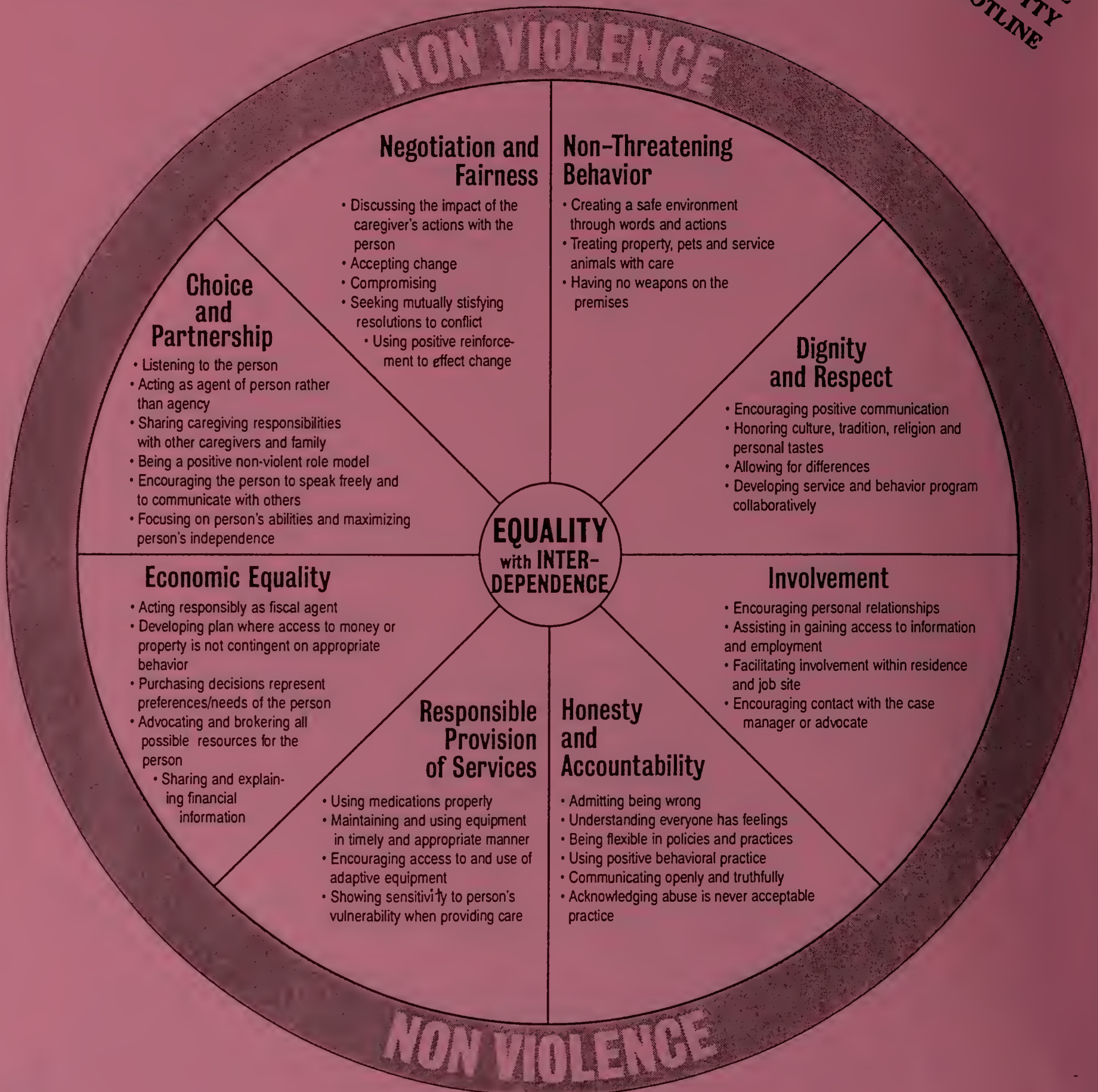
PEOPLE with DISABILITIES are VULNERABLE to
***** VIOLENCE and ABUSE *****



The Disabled Persons Protection Commission is an independent Massachusetts state agency, which **investigates reports of abuse of disabled adults** aged 18-59 by their caregivers. To report abuse:
Call 1-800-426-9009 (24 hours), voice and TTY.

HOW to REDUCE VULNERABILITY of PEOPLE with DISABILITIES to *** VIOLENCE and ABUSE ***

TO REPORT ABUSE
1-800-426-9009 V/TTY
24 HOUR HOTLINE



THE COMMONWEALTH OF MASSACHUSETTS

Disabled Persons Protection Commission
99 Bedford Street, Suite 200
Business Phone: 617-727-6465, voice & TTD
Jody Williams, Abuse Prevention Project Coordinator,
Susan Love, Director of Abuse Prevention & Outreach,

Boston, MA 02111-2217
Fax: 617-727-6469
x. 108.
x. 114.





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??? WHY ???
ARE PEOPLE WITH DISABILITIES
??? VULNERABLE TO ABUSE ???

* **Negative social stereotypes** and attitudes about disability. Our society values physical perfection, athletic prowess, and "above average" intelligence.

People with disabilities are: "a burden," "worthless," "lesser beings," "dangerous."
"They don't know any better." "They are stupid and can be taken advantage of."

Society also has negative stereotypes involving ethnicity, gender, sexual orientation, and age. Women with disabilities, and people with disabilities associated with otherwise-discriminated-against groups, find themselves doubly or triply disadvantaged.

* **Disability can directly impose a limit.** *Examples:* a visual or hearing impairment may affect a person's ability to discern danger; a psychiatric impairment may affect one's judgment about a risk; a mobility or agility impairment means one cannot run away; speech and hearing impairments and intellectual disabilities that affect language development and communication can make it difficult to report violence to others.

* **Disability may indirectly contribute to vulnerability.** *Examples:* A psychiatric condition is used to justify placement in a treatment setting where abuse occurs. People with physical or cognitive handicaps are offered only segregated, congregate housing options in unsafe neighborhoods.

* **Limited credibility.** Victims often find that others doubt their story or blame them for the incident. *Examples:* Police treated a woman who complained about a sexual assault in a bar as if she were drunk; actually her minor speech problem resulted from cerebral palsy. Prosecutors refused to pursue a case because the victim was mentally retarded and they assumed he could not be an effective witness.

continued on reverse.....

- * **Having to depend on others.** Our society values independence more than interdependence or dependence.
- * Being in situations or places where **caregivers may be frustrated, stressed, or insensitive.** Our society does not support family caregivers, and underpays and does esteem people who work in nursing or group homes, or with children, adults and elders with special needs. Sometimes employees have more "rights" than the people with disabilities they are paid to assist.
- * **Being poor and/or economically dependent on others.** Our society values wealth and demeans "welfare."
- * **Social isolation.** Limited social networks and few close friendships, combined with little or no transportation and cash, mean some people must chose between loneliness and risky relationships.
- * **Not in control.** Our society values power and being-in-charge.
- * **Inexperienced.** Our society tends to infantilize people with disabilities, and view them as asexual; for that reason some people with disabilities have been raised and socialized in ways that do not prepare them for the risks of adult life. Their life experience and (especially for older people, who grew up before there was a right to education for all) formal education may be quite limited.
- * **Internalizing social devaluation:** In the words of one person with a disability, **"We tend to blame ourselves for whatever happens."**
- * **Alcohol and drugs.** Abuse by caregivers obviously puts the victim with a disability at greater risk. Substance abuse on the part of people with disabilities does also.

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 is an independent Massachusetts state agency, which
investigates reports of abuse of disabled adults
 aged 18-59 by their caregivers. To report abuse:
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**ABUSE &
VIOLENCE
DO NOT DISCRIMINATE**

Always, the **BEST PREVENTION** is **PRIMARY PREVENTION**. Our best social investment is creating or changing environments, capacities and conditions that reduce risks & decrease the likelihood of abuse happening in the first place. But abuse seems to happen more and more.

Abuse and neglect are a major public health problem, affecting people of all ages, all walks of life, and all backgrounds.

Abuse **AWARENESS & REPORTING** are essential to prevention and prompt intervention. Because certain populations are particularly vulnerable to abuse, Massachusetts has created different systems to investigate and/or intervene and protect those populations particularly at risk.

ABUSE REPORTING HOTLINES

Generally speaking, professionals and caregivers are "mandated reporters," required by law to report when they know or suspect abuse of individuals in the following vulnerable populations.

<u>Population</u>	<u>Telephone Hotline</u>	<u>Agency</u>
Child-At-Risk (up to age 18)	800-792-5200	Dept. of Social Services 24 Farnsworth St. Boston MA 02110-1247 617-727-0900
Disabled Adult Dependent on Caregiver Caregiver (age 18-59)	800-426-9009	Disabled Persons Protection Commission (DPPC) 99 Bedford St., Suite 200 Boston MA 02111-2217 617-727-6465
Elder Abuse (age 59 and up)	800-922-2275	Exec. Office of Elder Affairs One Ashburton Place Boston MA 02108 617-727-7750
Nursing homes and other long-term care facilities (all ages)	800-462-5540	Dept. of Public Health Div. of Health Care Quality 10 West St. Boston MA 02111 617-727-5860

DOMESTIC VIOLENCE RESOURCE HOTLINES

There is no mandated reporting of Domestic Violence perpetrated against adults not in the above populations. Persons experiencing domestic abuse are encouraged to call police in an emergency and to seek help from either of these resource hotlines:

800-992-2600 (Massachusetts)
800-799-SAFE (national)

The front of the local phone book, under "Community Service Numbers: Crisis," lists local Domestic Violence and Rape hotlines. Victims may also contact the local probate or district court for help through Chapter 209A, the Domestic Violence Abuse Prevention Act.

WARNING SIGNS of ABUSE

The following MAY indicate that a person has experienced, or is being subjected to, some kind of physical or sexual abuse or neglect.

The INDIVIDUAL has:

- bruises, welts, burns, abrasions (from rope or other restraints), cuts, lacerations, puncture wounds, sprains, dislocations, or broken bones -- especially if not explained or if in certain patterns;
- unexplained pain, difficulty with normal functioning of organs or bleeding from body orifices (from internal injuries);
- genital pain or itching; vaginal or anal irritation; bleeding or bruises on external genital areas; difficulty walking or sitting; or torn, stained or bloody underclothing;
- lack of clothing or improper clothing for weather conditions;
- untreated medical conditions (e.g., infection; soiled bandages; old fractures); bedsores;
- lack of needed eyeglasses, hearing aid, dentures, wheelchair or walker;
- dehydration (low or non-existent intake of fluids), shown by low urinary output, constipation, dry fragile skin, dry sore mouth, apathy or lack of energy, or mental confusion;
- malnourishment (low, sporadic or non-existent intake of food), shown by apathy, confusion, and edema.

The Individual's LIVING ENVIRONMENT has:

- unavailable, unpalatable, or inaccessible food and water;
- no, or unsanitary, toilet facility;
- inadequate or hazardous heating or electricity;
- crowded cluttered space (e.g., person sleeps on sofa or floor);
- no phone/access to outside help in emergency;
- unmarked or outdated medications or drugs; hazardous substances;
- empty liquor bottles

Neglect or abuse may also be observable in the actions of a paid or family/friend "caregiver," who may inadvertently or purposefully fail to appropriately feed, dress, bathe, or shop for a dependent child, person with a disability, or elder; or fail to correctly administer medications or manage finances. Behavior of the victim may also signal abuse or neglect: s/he may cry easily, have nightmares or trouble sleeping, be hyper-vigilant or emotionally numb and withdrawn, etc.

For more information: DPPC's 7-page "*Indicators of Abuse/Neglect*" offers more detail on warning signs: 617-727-6465, x. 114 (Susan Love). Materials on child abuse are available from the Dept. of Social Services: 617-727-0900, x. 570 (Phyllis Ward) [or E-mail: DSS-Info@state.ma.us]; and on elder abuse from the Executive Office of Elder Affairs: 617-727-7750, x. 222 (Gillian Price).



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EmPOWERing Individuals with Disabilities to RESIST ABUSE

These notes summarize points made in Chapter 7 of Violence and Abuse in the Lives of People with Disabilities, by Dick Sobsey, pp. 190-208. (Paul H. Brookes Publishing Co., Baltimore MD, 1994.) They were prepared by Jody Williams, Coordinator of DPPC's Abuse Prevention Project.

Dr. Dick Sobsey's comprehensive "ecological model of abuse" portrays abuse as the result of the power imbalance between the person with a disability (weak) and her caregiver (strong, with nearly unlimited power). Therefore, education and training that help empower people with disabilities can help reduce and redress the power imbalance, BUT REMEMBER, he cautions, empowerment strategies are only part of an overall prevention package: Risks will be significantly reduced only when all concurrent conditions equalize the balance of power between people with disabilities & those who interact with them.

CONTENT AREAS for "Empowerment" Training

Dr. Sobsey observes that these kinds of programs are important for reasons beyond abuse prevention (e.g., communications skills training means better quality of life, more responsible sexual expression, success in getting and keeping jobs, etc.). The following categories frequently overlap:

Personal Safety Skills Training

Many materials focusing on preventing sexual assault are geared toward situations involving strangers, but studies suggest that only 10% of abuse (of folks with MR/DD) involves strangers. Thus training must also address how to deal with staff, acquaintances, and close and intimate friends.

Individual Rights Education

"The inability to recognize one's rights does not...result from a disability, but rather from a lack of the kinds of experiences that are necessary to learn about [one's rights]." People need information about general human rights PLUS their specific rights as a citizen of specific state or country or program.

Assertiveness and Self-Esteem Training

"Low self-esteem appears to be a typical characteristic of both victims of abuse and their offenders." Higher self-esteem is good predictor of responses that render person less likely to be vulnerable.

Parents and caregivers must help kids with disabilities to build self-esteem: it's better and easier to do this early in life than to repair damage later. Assertiveness training is essential to reduce risk for sexual abuse or exploitation.

Communication Skills Training

If you can't communicate you can't assert your rights. People with impaired communication *appear* vulnerable: they are more likely to be selected as victims because less able to request help, less able to "talk" (tell) later. Communication skills are essential to preventing abuse:

1. **Encourage ability to initiate, not merely respond.** (Low rates of initiation, high rates of dependence, explain why people with disabilities do not report they are in real or potential abuse situations unless specifically asked. Also problem with prosecuting case: if individual does not spontaneously give info it appears that interviewer is leading him.)
2. Many "**behavior problems**" can be improved when individual **learns better way to express his/her needs.** (This reduces the "risk for abuse through inappropriate and *excessive* aversive intervention...")
3. People with disabilities need to learn to consequence the behavior of others. "Ironically, experts in communication have placed great emphasis on the use of **reinforcement and punishment** as functions used by parents, therapists and teachers, but not as functions to be taught to or used by students with disabilities. Yet these **could very well be the most important social function that any human being can learn and are**

more important to people dependent on others." ** Reinforcing a positive environment for caregivers is also key. "Making it pleasant for those who treat an individual well to continue this interaction helps to form protective bonds and to keep that individual in situations where abuse is less likely to occur."

Social Skills Training

Having good social skills improves prospects for inclusive community living because person is not viewed as so "deviant"; the greater the likelihood of friendships that build protection vs. abuse. Best training is in natural settings but social skills can be taught, and combined with (e.g.) sex education. Re friendships: As result of being lonely and isolated, people with disabilities "may enter relationships of risk, exploitation or clear abuse simply because it seems preferable to being alone." Facilitating friendships is preferable to artificial interventions that create volunteer-caregiver relationships that rarely become real friendships.

Sex Education

Sexual abuse is one of the most common forms of abuse of children and adults with mental retardation. Sex education is vital because:

1. One needs to know & understand sex in order to recognize sexual abuse.
2. One can't make informed choices about whether to not to participate in sexual interactions without understanding the concept.
3. If not taught about sex in positive way, people will learn about it ONLY via exploitation & abuse.
4. Adults with disabilities who participate in healthy sexual relationships are less isolated & therefore less vulnerable to abuse.

Caution: Expertise on the part of trainers is crucial. Educators must examine and confront their own attitudes and biases re sexuality, gender issues, as well as toward people with disabilities as sexual beings.

Sex education for people with disabilities must be explicit (understandable vocabulary), and conducted in pleasant and relaxed settings, allowing interactive discussion of feelings and experiences.

Self-Defense Training

Most people benefit from learning simple techniques: e.g., yell to startle attacker then run. Wen-Do can be taught to many with physical or mental disabilities.

Caution: Take care in teaching self-defense to people with history/label of "aggressive," as their use of self-defense techniques could be misunderstood. *** "The most important aspect of self-defense training is often developing the judgment to determine when it should be used and when it could actually increase risk."

The ABUSE PREVENTION PROJECT & TASK FORCE of the D.P.P.C.

are committed to reduce the widespread unconscionable abuse, neglect, & exploitation of people with disabilities. Abuse prevention requires knowledge: heightened public and professional awareness from outreach and training, interagency cooperation, & similar activities. Abuse prevention means investing in programs, agencies & services which promote people's safety and which fight violence and abuse on all fronts.

We welcome additions to our resource collection, suggestions regarding successful risk-reduction and abuse prevention strategies, and inquiries about how to get involved in DPPC or other prevention initiatives. Call, fax, or write us at:

DPPC 99 Bedford Street, Suite 200 Boston, MA 02111-2217
Business Phone: 617-727-6465, voice & TTD Fax: 617-727-6469

Jody Williams, Abuse Prevention Project Coordinator, x. 108.
Susan Love, Director of Abuse Prevention & Outreach, x. 114.

The DPPC is grateful to the Massachusetts Developmental Disabilities Council for its support of activities conducted by the Abuse Prevention Project. April 1996

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is an independent Massachusetts state agency, which
investigates reports of abuse of disabled adults
aged 18-59 by their caregivers. To report abuse:
Call 1-800-426-9009 (24 hours), voice and TTY.

"The DPPC is proud to be celebrating its 10th anniversary."



The Commonwealth of Massachusetts

Disabled Persons Protection Commission

99 Bedford Street Room 200

Boston, Massachusetts 02111

VICTIMS WITH DISABILITIES: SOME SPECIAL ISSUES

A fact sheet FROM: The Abuse Prevention Project of
The Disabled Persons Protection Commission

Women and children with disabilities are disproportionately the victims of domestic violence. All people with disabilities are more likely to be exploited and victimized.
A vicious cycle links abuse and disability.

- (1) Being disabled means you are more vulnerable to abuse. Statistically, regardless of age, setting or status, people with disabilities are more likely to be abused than their non-disabled peers. Disabled girls and women are perceived as ideal targets because their disabilities may mean they are unable to flee, or communicate easily; and being both female and disabled many have been socialized to be passive.
- (2) Literally adding insult to injury, after you have been abused and seek help, you are less likely to be taken seriously if you have a disability. People with mental retardation, mental illness, or difficulty in articulating their words are often assumed to be not competent and/or not credible; persons who are deaf may need interpreters that are not readily available; people needing assistive devices may not have them handy. (Abusers sometimes take these away, and police, shelters and courts do not always have them on hand.)
- (3) Abuse creates disability. Violence and crime frequently cause a new physical or mental disability, or make an existing one worse, putting the individual at greater future risk.

In addition, the systems set up to respond and to help
are not always fully accessible to victims with disabilities:

One can rarely find wheelchair accessible transportation in the middle of the night. Some victims cannot get up, dressed and out if their personal care attendant does not show up. Assault can trigger medical or physiological reactions --such as a diabetic shock, or epileptic seizures -- that make a victim temporarily unable to act on her own or her children's behalf. The abuser may have removed needed medications or mobility and communication devices. Facilities may lack ramps, TTY phones, interpreters, or staff with the time, sensitivity and expertise to deal with special needs.

Everyone involved in assisting victims of domestic violence or any other crime **MUST** understand and apply the Americans with Disabilities Act's vital (in some cases, lifesaving) provisions guaranteeing **ACCESS AND "REASONABLE ACCOMMODATION" TO VICTIMS WITH DISABILITIES.**

The information following on violence against women with disabilities is from a Canadian government-funded survey in Toronto in 1987. The added presence of handguns in this country would suggest that US women and their children, with and without disabilities, are at greater risk than their Canadian sisters.

- 67% of those surveyed had been physically or sexually assaulted as children, compared with 44% of non-disabled women;
- Almost half of disabled women surveyed reported that they were sexually abused as children, compared with 34% of non-disabled women;
- 33% of disabled women reported they were assaulted during their adult years, mostly by husbands. 22% of non-disabled women reported similar abuse; and
- 31% of disabled women reported being sexually assaulted as adults compared with 23% of non-disabled women.

The DAWN study found that the most dangerous place for a disabled girl or woman was her own home. The most likely abusers? Her own mother and/or father. Female caregivers were the next most likely assailants. Many disabled women experience assault at the hands of teachers, attendants, older brothers and others.

It might be speculated that disabled women and girls are perceived as ideal targets because their disabilities may mean they are unable to flee, or communicate easily. The very fact that they are female, smaller, and socialized to be passive may, again, increase the risk of abuse. A study by the Seattle Rape Relief Development Disabilities Project in 1984 found that 90% of the girls and women referred to them had been exploited by relatives or individuals they knew.

Despite the high rate of assault and sexual assault of women and girls with disabilities, only 20% of all adult rape cases are reported to social service agencies or the police. This is not surprising when one considers the barriers - such as lack of credibility - disabled women face in court. Women with psychiatric and developmental disabilities, as well as women who have difficulty communicating and use alternative devices such as bliss boards, are almost never believed.

This lack of credibility is further complicated by public perception. Some people believe that a disabled woman should be "grateful" for any attention she gets, since she probably would not have sex any other way. Others refuse to believe a disabled woman could be sexually assaulted at all. Well-meaning professionals sometimes demonstrate these attitudes when they encourage women with disabilities to stay in abusive relationships, suggesting they should not expect anything better.

24 Hour Disabled ABUSE REPORTING HOTLINE: 800-426-9009 (V & TTY)

DPPC 99 Bedford Street, Suite 200 Boston, MA 02111-2217
Business Phone: 617-727-6465, voice & TTD Fax: 617-727-6469

Jody Williams, Abuse Prevention Project Coordinator, x. 108.
Susan Love, Director of Abuse Prevention & Outreach, x. 114.

The DPPC is grateful to the Massachusetts Developmental Disabilities Council for its support of activities conducted by the Abuse Prevention Project.



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Disabled Persons Protection Commission

99 Bedford Street Room 200

Boston, Massachusetts 02111

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ABUSE REPORTING HOTLINES

Generally speaking, professionals and caregivers are "mandated reporters," required by law to report when they know or suspect abuse of individuals in the following vulnerable populations.

<u>Population</u>	<u>Telephone Hotline</u>	<u>Agency</u>
Child-At-Risk (up to age 18)	800-792-5200	Dept. of Social Services 24 Farnsworth St. Boston MA 02110-1247 617-727-0900
Disabled Adult (age 18-59) Dependent on Caregiver	800-426-9009	Disabled Persons Protection Commission (DPPC) 99 Bedford St., Suite 200 Boston MA 02111-2217 617-727-6465
Elder Abuse (age 59 and up)	800-922-2275	Exec. Office of Elder Affairs One Ashburton Place Boston MA 02108 617-727-7750
Nursing homes and other long-term care facilities (all ages)	800-462-5540	Dept. of Public Health Div. of Health Care Quality 10 West St. Boston MA 02111 617-727-5860

DOMESTIC VIOLENCE RESOURCE HOTLINES

There is no mandated reporting of **Domestic Violence** perpetrated against adults not in the above populations. Persons experiencing domestic abuse are encouraged to call police in an emergency and to seek help from either of these resource hotlines:

800-992-2600 (Massachusetts)

800-799-SAFE (national)

The front of the local phone book, under "Community Service Numbers: Crisis," lists local Domestic Violence and Rape hotlines. Victims may also contact the local probate or district court for help through Chapter 209A, the Domestic Violence Abuse Prevention Act.

"DPPC IS PROUD TO BE CELEBRATING ITS 10TH ANNIVERSARY!"

DISABLED PERSONS PROTECTION COMMISSION
99 BEDFORD ST., ROOM 200
BOSTON, MA 02111

TO REPORT ABUSE: 1-800-426-9009 V/TTY 24 HR. HOTLINE
BUSINESS OFFICE: 617-727-6465 V/TTY (8:45 A.M. - 5:00 P.M.)

MISSION STATEMENT:

"TO PROTECT ADULTS WITH DISABILITIES FROM THE ABUSIVE ACTS AND OMISSIONS OF THEIR CAREGIVERS THROUGH INVESTIGATION, PUBLIC AWARENESS, AND PREVENTION."

STATEMENT OF PURPOSE:

THE MISSION OF THE DISABLED PERSONS PROTECTION COMMISSION (DPPC) IS TO PROTECT ADULTS WITH DISABILITIES FROM THE ABUSIVE ACTS AND OMISSIONS OF THEIR CAREGIVERS, TO PROMOTE PUBLIC AWARENESS, AND TO REDUCE THE INCIDENCE OF ABUSE.

TO ACCOMPLISH THIS, THE DPPC:

- *Operates a 24-hr. hotline to receive reports of alleged abuse*
- *Conducts independent investigations*
- *Monitors the conduct of investigations referred to and conducted by other agencies*
- *Upon the finding of abuse, recommends appropriate protective services*
- *Monitors the provision of protective services*
- *Provides training regarding the existence of abuse of persons with disabilities*
- *Coordinates and facilitates efforts in abuse prevention*